

**NEW JERSEY STATE DEPARTMENT OF EDUCATION  
CRIMINAL HISTORY REVIEW UNIT  
APPLICANT AUTHORIZATION AND CERTIFICATION  
NONPUBLIC SCHOOL**

PCN \_\_\_\_\_

(Type or print in ink)

_____			_____			_____			_____						
(1) Last Name			(2) First Name			(3) Middle Initial			(3) Social Security Number						
(5) Date of Birth			(6) Sex (Circle One):    M    F			(7) Race (Circle One):    W    B    I    A    H (Over for Instructions)									
_____	_____	_____							_____						
Month    Day    Year															
_____						_____						_____		_____	
(8) Street Address						(9) City						(10) State		(11) Zip	
(12) Job Category (Circle One):															
01 Administrator/Supervisor				05 Teacher Aide				09 Food Service							
02 Classroom Teacher				06 Custodial/Maintenance				10 Security							
03 Educational Support Services (Certificated)				07 _____				11 Other (Specify below)							
04 Substitute Teacher				08 Clerical/Secretarial				_____							

**NONPUBLIC SCHOOL USE ONLY**

_____	_____	_____	_____	_____
(13) Name of County location	(14) County Code	(15) Name of School	(16) Four Digit Code	(17) School Code

I do hereby authorize the New Jersey State Department of Education, its agents and representatives, to submit fingerprint data pertaining to me to the Federal Bureau of Investigation and the New Jersey State Police Bureau of Identification for the purpose of obtaining criminal history record information as required by *N.J.S.A. 18A:6-7.1 et seq.*

**FORM "A" – (NEW EMPLOYEES OR EMPLOYEES WITH OVER 180 DAYS BREAK IN SERVICE)**

I, \_\_\_\_\_ swear/affirm that I have not been convicted or do I have any charges pending for the following crimes or offenses: any crime of the first or second degree; any crime bearing upon or involving sexual offense, child molestation; an offense involving the manufacture, transportation, sale, distribution, habitual use of a controlled dangerous substance or any violation involving drug paraphernalia, including hypodermic needles; any crime involving the use of force or the threat of force to or upon a person or property including, but not limited to, robbery, aggravated assault, staling, kidnapping, arson, manslaughter and murder, any crime of possessing weapons; a third degree crime as set forth in Chapter 20 of Title 2C (theft); recklessly endangering another person, terroristic threats, criminal restraint, luring, enticing child into motor vehicle or isolated structure; causing or risking widespread injury or damage; criminal mischief, burglary, usury, threats and other improper influence, perjury and false swearing, resisting arrest, escape; any conspiracy to commit or attempt to commit any of the crimes described in this act.

**FORM "B" – (CURRENT EMPLOYEES CHANGING DISTRICT – BREAK IN SERVICE UNDER 180 DAYS)**

I, \_\_\_\_\_ swear/affirm that I have not been convicted of any crime or offense bearing upon or involving sexual offense, child molestation; endangering the welfare of children or incompetents; an offense involving the manufacture, transportation, sale, possession, habitual use of a controlled dangerous substance; any crime involving the use of force or the threat of force to or upon a person or property including robbery, aggravated assault, kidnapping, arson, manslaughter and murder, or a simple assault involving the use of force which result s in bodily injury; or in any other state or jurisdiction, a conviction if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described in the law.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Notary \_\_\_\_\_

COPY DISTRIBUTION:    WHITE-DEPARTMENT OF EDUCATION    CANARY-APPLICANT    PINK-NONPUBLIC SCHOOL    GOLDENROD-DUPLICATE